

The Principles of Homœopathy

THOMAS H. MCGAVACK, B.A., M.D., San Francisco

FOREWORD

Many treatises and books have been written on the Principles of Homœopathy. The writer offers no apology for adding to their number. He has from time to time been requested to place in readable form the subject matter of lectures variously given to students at the University of California Medical School, to nurses at the University of California Training School and the San Francisco Training School, to students at the College of Physicians' and Surgeons' Dental Department. The following pages are a response to this request. No attempt has been made to exhaust the subject, and indeed some phases have been omitted entirely. Every effort has been made to secure clarity and brevity, so that even the reader with no previous knowledge of Homœopathy might here glean its rudiments and perceive its basic concepts.

The first chapter is devoted in part to a brief outline of the history of homœopathy. Space does not permit a survey of the life and activities of its leaders today. One would like to dwell upon the lives and accomplishments of Bier at the University of Berlin, Schulz at the University of Griefswald; Kotschau at the University of Berlin, Boyd at the New York Homœopathic College, and others, who are adding so much to the science of Homœopathy. One would enjoy recounting the medical life of Sir John Weir, physician to the Prince of Wales, Dr. Mattoli, medical attendant upon Mussolini, Brigadier General Joel T. Boone, physician to the White House and an innumerable host of other prominent men in medicine who have so admirably graced the art of applying homœopathy at the bedside.

Following a resume of the beginnings of homœopathy, the first chapter concerns itself with a very condensed, perhaps seemingly dogmatic, statement of the tenets of homœopathy. The second chapter orients these principles in the gen al

medicine of today. These two talks offer a short simple summation of the principles of homœopathy, and their range of applicability to medical problems. Such arrangement of material was deemed advisable, as some readers may want only a simple statement of what homœopathy represents; this may be found in these first two discourses. Others are interested in investigating the principles upon which homœopathy rests, the truths upon which these principles are founded, and the rationale of homœopathic procedures; such material comprises the bulk of the writer's effort. It is impossible to include a comprehensive survey of extant clinical or experimental literature dealing with homœopathic principles. Salient points have been noted, and the author has appended a bibliography which will offer further leads to those who may wish to pursue the subject to its ultimates.

It is hoped the enquiring mind may find much of interest in the pages that follow. Their preparation has been undertaken in the spirit so ably expressed in the speech dedicating the Hahnemannian staute at Washington, D. C., "Hahnemann and his discovery belonged not only to Germany but to the whole world."

DEFINITION, SCOPE AND HISTORY OF HOMŒOPATHY

"Because practice shall not develop from speculative theories, but theories shall develop from practice,"—Paracelsus.

Homœopathy is a therapeutic method which attempts to restore health and to prevent illness. Like all other methods in the art of healing it has its limitations of applicability. It belongs to and is part of the great field of medicine because its basic principles rest upon fundamental laws of nature and upon logic. Homœopathy attempts to apply these principles by correlating the ascertainable facts of disease with the ascertainable facts of disease-producing agents.

The word, homœopathy, comes from two Greek roots :

homoios and *pathos*. The first of these means resembling or similar to, and the second means suffering. Literally translated, then, homœopathy would mean "suffering similar to." Samuel Hahnemann is given the credit of discovering the homœopathic law and for first applying it. In actuality, such a conception of drug action did not begin with Hahnemann, as we find suggestions of it in the works of earlier writers. He was, however, the first to make any experimental studies and the first to apply clinically the results of his observations.

We are prone to think of homœopathy as a school of medicine or as a system of medicine, or as a cult, tending to combine religion with medicine. At the outset let it be clearly conceived just what homœopathy is. I have said that the word literally means "suffering similar to." Homœopathy was never intended to be a school of medicine; studies relative thereto were never intended to produce any schism in the medical world. It can be most clearly thought of, and most succinctly expressed as a specialty in therapeutics, or, in other words, as a method of practice for prescribing drugs and other medicinal agents.

The Scope of Homœopathy

Those who advocate and use homœopathy do not pretend that it covers the entire field of drug therapeutics. There are other methods of prescribing drugs that are equally valuable in their respective spheres. Briefly, the field of medicinal therapy may be quite completely divided as follows dependent upon the object in mind in making a prescription:

1. *Palliation method.* We all know the meaning of palliation therapy and the use of drugs according to this method for the control of one or more symptoms (by symptoms we mean any manifestation of disease whether it be subjective symptoms, physical findings, or laboratory results) that are so distressing as to materially interfere with the patient's general health and, thus, in themselves, endanger the patient's

life or materially lengthen his illness. As common examples, we have morphine, aspirin, *et cetera*, for the relief of pain.

2. *Substitution method.* By substitution therapy we mean supplying to the body substances normally produced within it but which, because of disease, are absent or present in insufficient quantity. The most striking example of recent years is the use of insulin in the treatment of diabetes. Other examples are the administration of thyroid extract in myxedema, diphtheria antitoxin in diphtheria, *et cetera*.

3. *Parasitocidal method.* Our object in applying drugs with this method is to make use of their parasitocidal or germicidal effect. This method postulates a direct interaction between medicinal agent and pathogenetic organism with destruction of the latter. The action is independent of any effect of drug or disease upon the host or his tissues. Arsenic in the treatment of syphilis is the only proven example, and its action is probably not entirely directly parasitocidal. A word about the whole subject of chemo-therapy seems here appropriate. Schlossberger has very succinctly summarized the whole situation and seriously doubts whether any chemotherapeutic agent ever acts by *directly* killing the pathogenic organism or agent: "Chemotherapy cannot, as it is frequently done, be considered as an 'inner disinfection' of the diseased body, but it requires the active co-operation of the organism in order to accomplish healing effects, the natural defense efforts of which it tries to support. The fact also leads to this, namely, that especially our most effective chemotherapeutic substances, *e.g.*, Salvarsan, Germanin ('Bayer 205'), and also quinine show in test-tube investigation only a very small action against microorganisms, but that in the living organism they are able to successfully influence the same disease producer by the use of relatively smaller doses. Therefore in chemotherapy it is not a matter of a disinfecting process in the usual meaning of the word, that is, not of a reaction, that takes place between the chemical agent and the disease exciter, but of a *process in which the cells of the infected body*

play an important role. Also Dale found that, for instance, the benzidine dye, trypan red, has an effect upon mál decaderas (trypanosoma equinum) only in the mouse, while it has no effect in guinea pigs, rats and dogs, which have been infected with the same parasites, so, that emetin produced a healing effect in amebic dysentery in the human body but not so in experimental infection in cats with endamoeba histolytica, can only be explained by the participation of the infected organism in the healing process. For this reason it is, in the search for chemotherapeutic remedies - as already mentioned, naturally not possible to decide the question through preparatory test tube experiments, whether a chemical preparation in the living body of the animal will be suitable for therapeutic influence of an infected process, but the chemotherapeutic effectiveness of a substance can only be infallibly determined through a healing test, first on the artificially infected animal and then upon the naturally diseased body."

Seiffert draws more extensive conclusions so that he even completely denies the "inner disinfection" according to the direct parasitocide effect of chemotherapy for which, besides many others the following observation speaks. "Many chemotherapeutic substances (trypaflavin, trypanblau, Bayer 205, hydroquinone, gold preparations, etc.) act *in vivo* on parasites much more intensely when given in smaller doses than in larger ones: Contrary effect with large doses (Schiemann, Neufeld, Feldt, Mayer and Zeiss, Baumgarten, Felton and Dougherty)."

4. *Homoio-therapeutic method*, that is homœopathy. Our object here is the selection and application to disease of a drug or other agent that will stimulate the body to increased production of its own resistance forces. As a most common example we may mention vaccines.

Each of these methods, as you can readily see, has its definite place in the armamentarium of a practicing physician and does not preclude the usage of any other, nor does it preclude the usage of adjunct methods such as physiotherapy,

hydrotherapy, *et cetera*, which may or may not lie within the field of homiotherapeutics. It is the province of this course to deal with the fourth of these—a method which is consciously or unconsciously applied to a lesser or greater extent by every practicing physician.

Briefly, we have said homœopathy is a method of prescribing curative agents. It, then, has to do with the art of medicine, with the selection of the particular agent, usually a drug, to be utilized in any given case of disease. What is this method? All methods of art, must be based upon science for, as we well know art is but the application of science to any particular field. As the painter must have certain rules for his guidance, based upon known laws of geometry, perspective, color harmony, etc., so the physician must have certain rules based on definite laws and scientific principles. So, in applying drugs to disease by the homœopathic method, we must be governed by certain rules, first and primary of which is "Treat likes with likes," or, more clearly stated: "Select the medicinal agent in any given case of disease that has produced in healthy human beings manifestations most similar to those present in the diseased individual." This is the main and basic rule in homœopathic prescribing and its proper application constitutes the entire art of homœotherapy.

HAHNEMANN AND HIS DISCOVERY

We have said that every rule of the artist, to be of value must be supported by scientific fact. Hippocrates was the first to suggest how similar are the effects of drugs to the diseases they seem to be most suitable for treating. The Swiss physician, Von Haller, in the middle of the eighteenth century, again called attention to a similarity which seemed to exist between disease pictures and the effects of the drugs most applicable to them, and advised the trying of drugs upon healthy persons before utilizing them in the diseased. However, neither of these men, nor a number of others whose writings contain similar comments, made any experimental



studies relative to the thoughts they had so brilliantly enunciated. In the course of a rather academic and analytical life it is not strange that Samuel Hahnemann, living in the eighteenth and early nineteenth centuries, should have had occasion to read Hippocrates, Haller, and others. No doubt his ideas were duly influenced by them. Perhaps something of the history of this man is not amiss, for I do not believe that an appreciation of homœopathy, as it is today, can be had without due reference to its history and traditions. I am heartily in accord with August Bier, the Berlin surgeon, who remarked that "all too late did I realize the great shortcomings in my medical education, turned to the older classics in medicine, and found in many instances more complete observation, more accurate thought, than prevails today. It was then I learned a lesson in modesty. What I was wont to consider my intellectual property had been detected by others before." So perhaps we may best remove certain rather prevalent misconceptions of the origin of homœopathy by some reference to Hahnemann and his work and, thereby, clarify our own minds and our own conceptions of the value and thoroughness of the principles he discovered.

As is the case of any man who has made history, all sorts of stories have arisen in regard to his boyhood years. It is apparent, however, that at an early age Hahnemann was conversant with a number of European languages and had shown quite an adaptability for chemistry and other basic sciences. Of poor parentage, it was necessary that he win for himself his own education. So he began tutoring in the classic languages at the early age of twelve years. His medical studies were undertaken at Leipsic, continued in Vienna, and concluded at Erlangen University. These various changes were a bow to the necessity for making his living translating while studying for his chosen profession. Subsequent to receiving his degree of Doctor of Medicine at Erlangen, he practiced for two years, at the end of which time he very humbly wrote to a close friend: "I have been

putting drugs of which I know little into bodies of which I know less ; so I can but renounce the practice of medicine that I may no longer incur the risk of doing injury."

In fact, so disgusted did he become with the practice of medicine in the fenny country of Saxony that he gave it up and removed to Dresden to turn his attention to the study of chemistry, philology, philosophy, pharmacy, and medicine. While experimenting in his own laboratory by day, he made his living by night translating from other languages into German. In order to obtain better literary facilities for this purpose, he removed, in 1790, to Leipsic. It was in his work of translation for other physicians that he first encountered the stimulus for the research that was responsible for the discovery and later enunciation of the homoeopathic principles. He had been employed by one of the faculty of the University of Leipsic to translate Cullen's *Materia Medica* from English into German. Cullen was, at that time, professor of medicine at Edinburgh University and had embodied in a book his "system" of medicine. He had naturally included in this book a rather detailed description of one of the newer remedies ; namely, cinchona, or Peruvian bark. This had been first successfully used, as the name implies, in Peru and had later been brought to Europe by the Jesuit Fathers. So useful had it proven in fevers, particularly those of a remittent character, that its use rapidly spread over Europe. Hahnemann was struck with the detailed report in Cullen's book and in copious footnotes from his translation, questioned the rationale of the explanation of its actions as detailed by the author. His two years' practice in the marsh country of Transylvania, where ague was rampant, had not been without fruit for he had learned to realize that Peruvian bark was of actual value in the treatment of that most persistent disease, malaria. Inasmuch as the reasons for its action, as described by Cullen, did not appeal to him as altogether rational, it was not strange that the words of Von Haller, the Swiss physician,

should come back to him and suggest the possibility of trying the drug in his own body. This he did and, fortunately for certain principles of drug action, he proved sensitive to the drug. He was quite amazed to find that he went successively through the manifestation of ague. He repeated his experiment, again finding that the symptoms produced in his own body by the drug were similar to those it had cured in his malarial patients. Was it little wonder that these suggested to his mind the possibility of a definite relationship existing in all cases of disease between drug agent and malady?

Hahnemann then tried the experiment on twenty-one of his close associates and companions. If the dosage was sufficient, these reported a result similar to his own. Such an experiment excited study. The physiological action of the drug upon himself, his family, and his friends, was similar to that of the action of the disease for which it was considered a specific. It was natural to ask these questions: Does cinchona alike produce and cure ague? Is the specific curative power of drugs founded upon some definite principle? Do they uniformly excite "counterfeit" diseases to those which they remedy? It was equally natural to try to answer these questions and, with that in mind, he tested or proved ninety drugs in his own body. He gave the drugs to his friends and associates. He delved into medical history for the records of poisonings, either intentional or accidental. He gave drugs to sick people when the symptoms they presented resembled their effects upon healthy human beings. So, after six years of labor and extensive study in experiments with some ninety drugs on hundreds of people, he felt justified in making tentative deductions from his work. This he embodied in an essay entitled "On a New principle for Ascertaining the Curative Power of Drugs." This was published in *Hufeland's*, the leading medical journal of the day, in the year 1796.

In the prefatory notes, Hahnemann clearly states that it

was his intention to bring to the medical world the results of his six years' work with the expressed purpose of encouraging further experiment to ascertain the true effects of drug agents. Unfortunately Virchow had not lived, Harvey's work had not been dreamed of, Malpighi was only a boy, the Galenic theories were still dominant, systems of medicine were as many in number as its professors, and preconceived theories were the basis for diagnosis and prescribing. Is it little wonder that instead of stimulating research in pharmacology, he produced a schism in medical thought and method so great that the prejudices it engendered have been overcome only in the light of our present knowledge and open-mindedness?

I have given you an all too brief sketch of Hahnemann and his work, and of the beginnings of homœopathy. It may seem strange to introduce the discoverer of a law in a discussion of it and its applicability. However, so many misconceptions have grown up about the beginnings of homœopathy that, in all fairness, we must try to dispel them by viewing Hahnemann and his work in the light of the events of his day.

A Summation of Hahnemann's Experiences

I have said that theories of disease were rampant. Hahnemann built no theories of disease but made every effort to deduce logically from observed facts. The mind through which these observations were recorded and these deductions made was no mean mind. In the following passage from his *Organon*, he has made one of the most comprehensive expressions of medical idealism in all literature and has epitomized his own life's effort :

"If the physician clearly perceives what is to be cured in diseases, that is to say, in every individual case of disease (*knowledge of disease, indication*) ; if he clearly perceives what is curative in medicine, that is to say, in each individual medicine (*knowledge of medicinal powers*) ; and if he knows how to adapt according to clearly defined principles what is curative in medicine to what he has discovered to be

undoubtedly morbid in the patient, so that recovery must ensue—to adapt it, as well in respect to the suitability of the medicine most appropriate according to its mode of action to the case before him (*choice of the remedy, the medicine indicated*), as also in respect to the exact mode of preparation and quantity of it required (*proper dose*), and the proper method of repeating the dose;—if, finally, he knows the obstacles to recovery in each case and is aware how to remove them so that the restoration may be permanent: *then he understands how to treat judiciously and rationally, and he is a true practitioner of the healing art.*”

Let us scrutinize the above paragraph closely. To remove the causes of disease has been the aim of physicians from the time of Hippocrates, or, if you please, from the day of Æsculapius. To do so with any degree of success necessitates a knowledge of disease; so in the third paragraph of the *Organon*, Hahnemann has placed his remarks relative to etiology last rather than first. In this great medical reformer's day, conceptions of disease were mere speculations, arrived at by deduction from purely theoretical considerations. Hahnemann inaugurated a systematic study and individualization of each case of disease from the standpoint of the clinician. Later Virchow did just as brilliant and painstaking work from the standpoint of pathology. Today their combined effort, perfected and enriched by the researches and labors of many men, is the routine procedure of every medical student.

In order to use drugs, one must “perceive what is curative in them,” *i. e.*, one must have a knowledge of medicinal powers. When Hahnemann became a physician the medicinal virtues of drugs were subjects for endless conjecture and speculation. Indeed, the majority of reliable therapeutic agents were lay discoveries and household medicaments. In Hahnemann's day the medical world was therapeutically divided into groups, each favoring some one particular treatment, and each building theories of disease to fit some

particular form of therapy. For instance the Ferraria comprised a group of men who believed all the ailments to which human flesh was heir could be cured by the administration of iron and iron products; the Cinchonaria, or Febrilists, in a similar manner, considered Peruvian bark a cure-all; the Plebotomists thought disease could be "drawn off from the body" by bleeding or leeching; and, strangest of all, were the Asinaria who thought the administration of asses' milk would remove morbid agents and their consequent pathologic states. So we might enumerate indefinitely.

Hahnemann ignored such empiricism and demanded direct experimentation. What is the result? Today, no drug is welcome in either "new" or "old school" medicine until it has proven itself in laboratory and clinical tests. And, may I interpolate, no method of experimentation has as yet been found more delicate or more accurate than that performed upon the human body. The viewpoint of old school therapeutics has shifted numerous times in the last one and one-third centuries to keep pace with ever-changing medical theories. The inductive method adopted by Hahnemann and those who have worked with him *leaves theory for fact; fact does not change; it is added to but it does not change.* Reactions of the human healthy body, recorded in the words of the persons acted upon, admit no misinterpretations with changing medical terminology, altered biological conceptions, and newer scientific attitudes. So the materia medica pura of the early eighteenth century can be as intelligently read by a medical student of today as by a physician contemporary with its publication. Medical minds of the twentieth century the world over recognize the value of this type of experimentation. For instance, we find sporadic efforts in using volunteers for serologic studies or in using the hopelessly insane for experiment. Only several weeks ago I was struck with an editorial in one of the leading medical journals of our country, criticising the pharmacologists for the enormous amount of very tedious, careful, even brilliant, but hopelessly futile, work done with drugs upon certain fish, toads, frogs, and other animals,

whose anatomical and physiological mechanisms are in no way comparable to those of man. Further than this, we find the clinician, the chemotherapist, and the immunologist going beyond this elementary stage and taking every opportunity to observe the effect of medicinal agents upon their fellow human beings. Is it a far cry before the method originally suggested by Samuel Hahnemann will be the one of election for our study of drugs?

Continuing our reading of Hahnemann's third paragraph of the *Organon*, "the physician should know how to adapt, according to clearly defined principles, what is curative in medicines to what he has discovered to be undoubtedly morbid in the patient; so that recovery must ensue." A third time we find Hahnemann a pioneer, clearly defining the principle underlying the correlation of drug and disease in those very familiar words, "Similia similibus curantur." These three words embody the whole essence of homœopathy. They place it as a specialty in the realm of drug therapeutics.

Today we do not consider homœopathy in any sense complete as a system of therapeutics. *Neither did Hahnemann*, and therein both many of his followers and the majority of his antagonists have completely misinterpreted him—all to the detriment of the lasting work he has done for the broad field of medicine. *Had he believed homœopathy exclusive of all other forms of therapy*, would he have recommended palliation where the vital function of cells (*dynamic or spirit-like force*) may be so low as to preclude reaction; would he have discussed subjects of hygiene, hydrotherapy, and electrotherapy in such detail; would he have been first to insist upon isolation precautions against contagion in infectious disease; and, above all, would he have said, "*If it be necessary to make considerable change in the diet and regimen, the ingenious physician will do well to mark what effect such changes will have on the disease before he prescribes the mildest of medicines?*" *No, there is no such thing as a universally applicable method of treatment known to medicine and there probably never will be.* For example, bone grafting is a very laudable procedure in poorly healing fractures, though one would hardly advise it as a method of treating a case of typhoid fever. The bronchoscope and a pair of properly constructed forceps comprise the instruments quite efficacious for dealing with a cough due to a fishbone in the throat, but one would hardly expect to relieve the cough of tuberculosis by picking the bacilli from the lungs. There is an old Arabian proverb that "A hatchet is a good thing but not to eat soup with."

The same may be said of homœopathy. Homœopathy

covers a portion of the field of therapeutics. We find it applied by all physicians. We shall later see that vaccines represent the purest applications of homœopathy; that asthma desensitization is a distinctly homœopathic procedure; that radium would appear (at least in skin diseases) to act in a homœopathic manner; that the so-called specifics, such as quinine, mercury, emetine, rhus toxicodendron, *et cetera*, owe their curative action in any given case to the degree of homœopathicity obtaining.

I have said that Hahnemann's third paragraph of the *Organon* is comprehensive. Having selected a drug, "the exact mode of its preparation and the quantity of it required," and the proper period for repeating the dose" must be known. Our large pharmaceutical houses, some of which are devoted to the production of but one or two products, are high tribute to the exactness of preparations required to ascertain uniform and comparable results from a given medicinal agent. In subsequent lectures, I shall show that in the matter of quantity, Hahnemann's prevision is again to be marveled at. The X-ray demonstrates substances in the twelfth to fifteenth decimal dilutions. The bodies of animals have shown lethal effects with certain substances in attenuations corresponding to the twentieth decimal dilution. Any meeting of physicians today may casually discuss drug actions of dilutions well into the millions.

One hundred and twenty years ago Hahnemann believed "*the physician's high and only mission was to restore the sick to health, to cure as it is termed.*" He concludes his paragraph three of the *Organon* by saying that only after the acquisition of :

1. A knowledge of disease,
2. A knowledge of drugs and their dosage,
3. A knowledge of the proper correlation between drug and disease, and
4. A knowledge of the obstacles to recovery

can the physician "understand how to treat judiciously and rationally, and then, and then only, is he a true practitioner in the healing art." Today we see his concepts embodied to a more or less extent in the practice of all physicians, sometimes consciously, sometimes unconsciously, sometimes to an almost negligible extent, and sometimes nearly to the full limit of their possibilities.

Like all great masters, what a far-seeing vision was his ! If we are to believe contemporary history, his was an outstanding intellect, one interested in the then known sciences and one which by general acknowledgment led in language,

chemistry, pharmacy, and medicine. Berzelius said of him, "He would have made a great chemist had he not become a great quack." His wine test for arsenic stands today little changed. His knowledge of the preparation of drugs was so thorough that he, of all men, was chosen to standardize the pharmaceuticals of the German Empire, and to correct the evils of substitution into which unscrupulous pharmacists had fallen. Hufeland prized him as among his best friends and co writers. Whatever, then, his work and his conclusions, we must credit him with brilliant genius and sincerity of purpose and action. We have seen that the principles he enunciated remain today unchanged, very much as the principles of the steam engine, as discovered by James Watt, remain the same. Homœopathy, however, comes to us with refinement in method and detail as great as those to be found in the development of locomotive apparatus.

It is thoroughly in keeping with the subject to discuss so fully the discoverer of homœopathy as I want you to have a thorough appreciation of the background of our subject, with due regard for the earnestness and sincerity of the man who so boldly departed from Galenic prejudices to initiate the beginnings of our modern pharmacology. I wish, too, that you recognize homœopathy, not as a school of medicine, which you can clearly see it was never intended to be, but as a specialized, intensive study of drugs and other agents, with a view to applying them for their curative action in disease. Its field is definitely limited, as we shall see later. Within this field it is exclusive and supreme. Outside this field, it does not intrude.

I am reminded of Virchow's memorable words which may, with great profit, be committed to memory: "No matter, whether one seeks to advance through anatomic investigation of the diseased, or another through clinical observation of the processes, third through pathological, and a fourth by therapeutic experimentation, or one through chemical or physical, and still another through historical research, science is big enough to allow space for all these endeavors, provided they do not pretend to be exclusive, provided they do not transgress their limitations provided they do not claim to perform everything. Extravagant promises always have resulted in harm; exaggerated pretensions always injured; self-overestimation always has offended or else made a laughing stock of itself." Let us then consider the merits of homœopathy in the light of present-day knowledge.

